HEALTH SECTOR BULLETIN: Feb 2024

Cox's Bazar District, Bangladesh
Emergency: Rohingya Refugee – Protracted Grade 2 Emergency[1]
Reporting period: 1 - 29 Feb 2024

1.48 million People in Need (PiN, ISCG JRP 2024)

976,507[2] Rohingya Refugees living in camps. Health Sector Target 1.07 million (JRP2024)*

HIGHLIGHTS

- The health service utilization in February 2024 maintained a decline note since August 2023, after the launch of the General Health Card.
- The trend of Skin diseases maintained a decreasing trend following the MDA campaign to control scabies, around 50% drop compared to the pre-MDA period in Cox's Bazar camps.
- Maternal Mortality Rate (MMR) was 295/100,000 live births in 2023 which is higher than the 2018 MMR when it was estimated at 179/100,000 live births.
- Elevated transmission rates for COVID-19 persist in Rohingya Refugee Camps in comparison to the host community.
- The total routine immunization coverage of the Rohingya population decreased due to countrywide irregular vaccine supply.
- Three batches of training on "Fire Safety and Clinical Care of Burns" for Healthcare Providers were completed with 120 health care workers trained.

THE HEALTH SECTOR

56	ACTIVE HEALTH SECTOR (HS) PARTNERS
17	#APPEALING PARTNERS JRP 2024

REGISTERED HEALTH FACILITIES

58	HEALTH POSTS
47	PRIMARY HEALTH CENTRES
01	FACILITIES WITH CEmONC SERVICES
06	SECONDARY CARE FACILITIES
508	#MEDICAL DOCTOR
408	#NURSES
478	#MIDWIVES

HEALTH ACTION

426K	OPD CONSULTATIONS
9,427	INPATIENT ADMISSIONS
2,985	FACILITY-BASED BIRTHS (4W's)
98%	% LIVE BIRTHS
2%	% STILLBIRTHS
6	MATERNAL DEATHS
0%	COVID-19 CASE FATALITY RATIO

DISEASE SURVEILLANCE

0.53	CRUDE DEATHS/ 1000 Pop (Jan-Feb 24)
18	COVID-19 SENTINEL SITES
24	AWD SENTINEL SITES
122	EWARS REPORTING SITES

FUNDING $USD (JRP 2024)

UNOHCA Financial Tracking System

USD	
86.8 M	Requested
19 M	Received
65.6 M	Funding gap **76 %**

**100% of the Rohingya Refugees living in camps and 25% of the Host Community have been targeted in JRP 2024*

Situation Update

General Situation

The month of Feb 2024 was marked by uninterrupted routine service delivery and unimpeded access to essential healthcare services.

Health Services Delivery

In the month of February around 426,000 OPD consultations were recorded which is similar to Jan 2024 and less than the average number of OPD consultations recorded. The average OPD consultation number for Rohingya people per month dropped around 12% reducing the average figure per month after the launch of the General Health Card and the decreasing consultations for skin diseases following the MDA campaign to control scabies. As per DHIS-2, the average number of consultations for skin diseases per month was significantly reduced from 79,000 (Jan-Nov 2023) to 38,000 (Dec 23-Jan 24) which is a 51% drop compared to before the MDA period. As shown below in Figure 1, the morbidity distribution among the refugees throughout the month of Feb was highlighted by Acute Respiratory Infections (ARI), Other acute conditions, and Skin diseases. Skin Diseases were the number one reason for medical consultations through the year 2023, however, appears the MDA campaign immediate impact in reducing the burden of skin disease consultations which also contributed to reducing the overall burden of consultations.

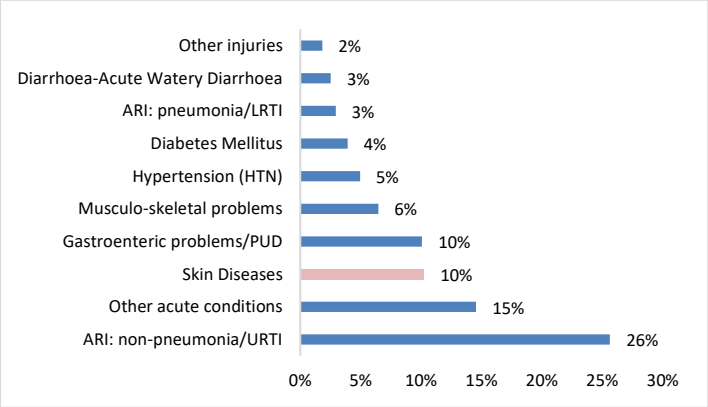


Figure 1: Top Morbidity Reported in DHIS2

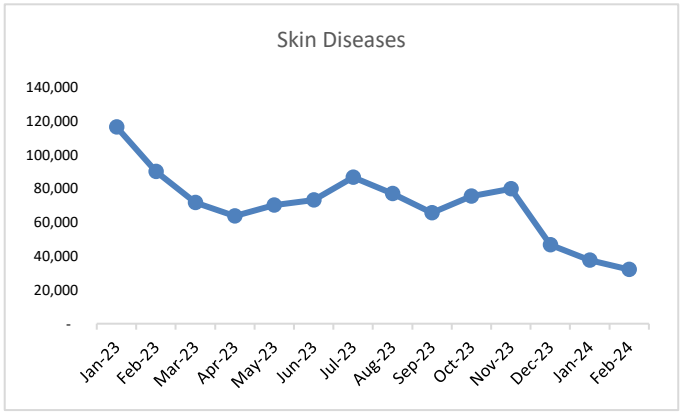


Figure 2: Skin Disease Trends

ARI cases contributed 26% of the consultations for diseases (Fig-1) during the reporting period with more than 80,000 consultations for non-pneumonia ARI. A seasonal variation is one of the reasons behind the increased ARI consultations. It is notable to mention that the incidence of COVID-19 cases is still low in camps, not likely the reason for the increased ARI cases.

Mortality Surveillance

Maternal Mortality has been a concern for the last couple of years. In 2022, 83 Maternal deaths (MMR 321/100,000 live births) were reported in camps followed by 84 in 2023 (MMR 295/100,000). Compared to the MMR from the RAMOS mortality survey conducted 1 year after the influx when the MMR was estimated at 179 per 100,000; the current rate is significantly higher. As of for this year 2024, a total of 16 Maternal deaths have been recorded of which 6 Maternal Deaths are during this month. Among these 6 deaths, 5 were facility-based. Cause of death according to ICD10MM major groups was non-obstetric complication (2 deaths), Obstetric haemorrhage (2 deaths), Pregnancy related infection (1 death), and Hypertensive disorders in pregnancy

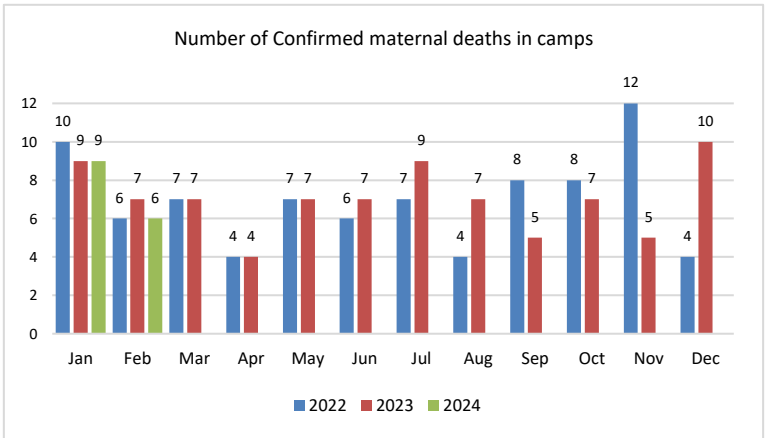


Figure 3: Number of Confirmed maternal deaths in camps

childbirth and puerperium (1 death). This is of extreme concern based on the reporting received that the facility-based delivery rate as per the Community Health Workers Working Group (CHW-WG) is more than 80% and ANC 4 coverage is around 77% as per the CHW-WG data and the Health Sector 4W data respectively.

However, although contradicting the CHW-WG and 4W reported data, according to WHO concurrent monitoring data for immunization in 2023 – 24* 35,264 children below 3 years of age were monitored. The findings suggest 43% of the children had a health facility delivery. More in-depth analysis is required to follow and understand the reasons behind this, including data collection and reporting modalities.

The MPMSR committee initiated a feedback mechanism following the death audit to the respective facility and partner to ensure quality SRH services and reduce maternal mortality. More details can be found in the MPMSR Dashboard.

The infant and under 5 deaths are recorded higher as well. In February 46 Infants and 54 Under 5 deaths were recorded.

Table 1: Selected Health System Performance Data

Indicators	Unit	Target	Jan-Dec 2023	Jan-24	Feb-24	Progress against Target in 2024 (%)
Total number of OPD Consultations (Host and Rohingya)	Consultations	≥2	5.5 M	406,878	425,978	28%
Total number of Inpatient Admissions (Host and Rohingya)	Individuals	N/A	105 K	8,945	9,427	N/A
First-time Users of Family Planning Methods: Total number of first-time users in camps	Individuals	175,000	138 K	11,289	10,973	13%
Antenatal care coverage - at least four visits (%) - Rohingya	Percentage (against women with live births)	≥80%	75%	78%	77%	98%
Percentage of births assisted by a skilled attendant (Facility-based delivery)	Percentage (of births)	≥80%	82%	85%	90%	110%
Cesarean Section: Total number of C-Section at the facility	Individuals	N/A	1919	292	216	N/A
Crude Mortality Rate in camps /1000 Population	Rate (Per 1,000 population)	<2.1	2.83	0.3	0.2	25%
Maternal Mortality Rate /100,000 live births in camps	Rate (Per 100,000 live births)	<179	295	386	276	-49%
Under 5 deaths / 1,000 live births in camps	Rate (Per 1,000 live births)	<23	25.31	34.00	25.00	-30%
Total #Skilled Birth Attendants (medical Doctors, Nurses, Medwives)				1,720	1,394	

Public health risks, priorities, needs, and gaps

1. Communicable Disease Control and Surveillance

Dengue

In February 2024, the Dengue outbreak maintained a declining trend (Fig. 4) with no new deaths reported. Case Fatality remained at 0% with 262 confirmed cases and Zero deaths. Active surveillance continues across all the camps. There is no further clustering of cases around previously identified 'hotspots' (i.e., Camp 3 and surrounding camps) but sporadic distribution of cases across all camps.

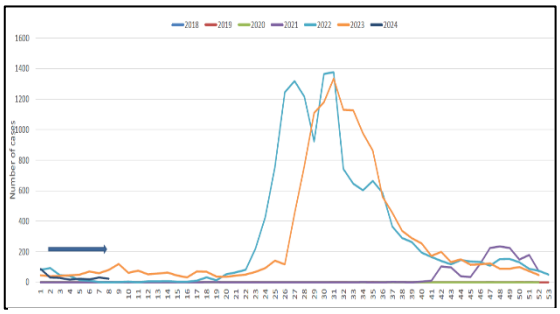


Fig 4: Dengue Trends among the Refugees (WHO, Cox's Bazar)

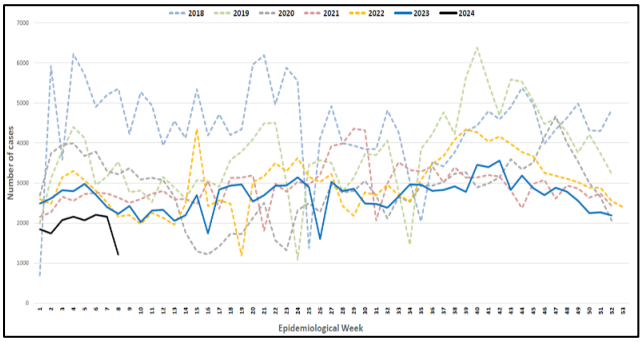


Figure 5: Trends of Culture confirmed Cholera cases 2018-2024.

AWD/Cholera

Despite no culture test being done since September 2023, the trends of AWD cases from syndromic surveillance data in 2024 are similar to that of the previous year though lowest for the same period as seen in Figure 5 graph.

COVID-19:

Elevated transmission rates (89% of the reported cases) persist in Rohingya Refugee Camps, contrasting with minimal transmission observed in the Host Population since Epi Week 3 (Fig 6). The Test Positivity Rate stands at 6.8%, accompanied by a case incidence of 16 cases per 1 million population per week. As of this year, a total of 75 cumulative cases have been documented, with no reported fatalities (CFR 0%).

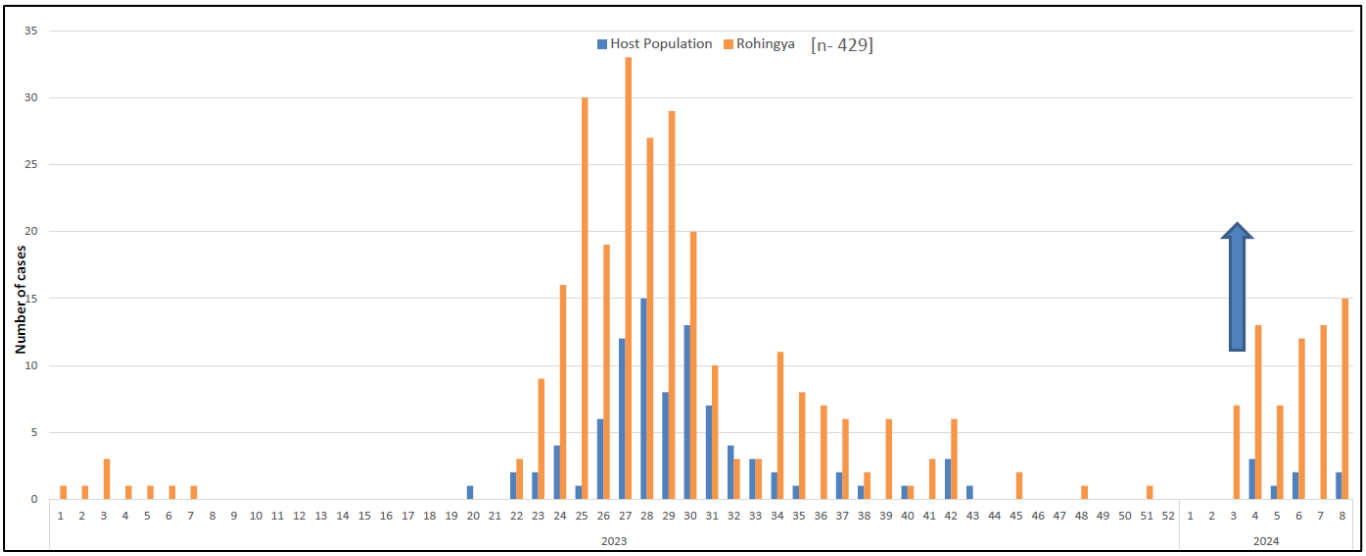


Figure 4: weekly COVID-19 cases reported.

2. Routine Immunization and AFP & VPD surveillance

In February 2024, more than 22,000 doses of different antigens were administered targeting less than 2 years of children. In February we administered 9,186 doses of Polio vaccine (OPV one to 3rd dose and fIPV 1st & 2nd dose) and 2,657 doses of Measles vaccine (MR 1st and 2nd dose). In contrast to prior months, the total routine immunization coverage of the Rohingya population abruptly decreased due to irregular vaccine supply and the absence of 66 GAVI-supported outreach teams. Consequently, the antigen coverage is lower compared to the previous month.

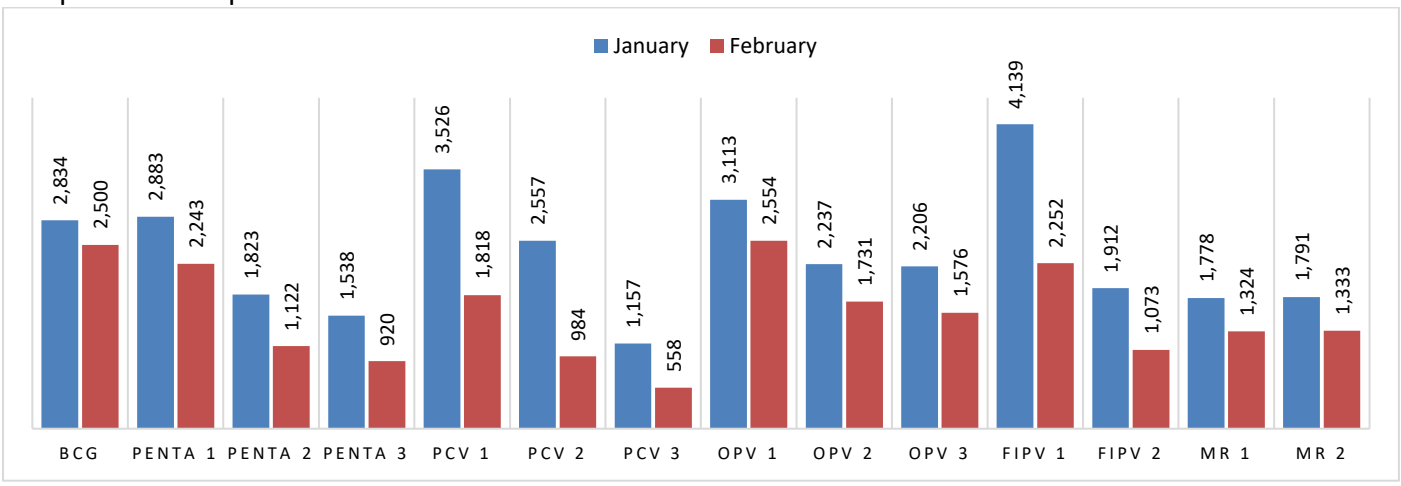


Figure 5: Number doses Administered in 2024

A suspected measles outbreak (Fig. 8) was declared in Camp 5 on February 4, 2024, and all 12 samples that were collected from the beginning of the outbreak were found lab discarded. During the Active Case Search (ACS) and line listing of unvaccinated children, a total of 438 children under five years old who were unvaccinated were identified. Three 3 suspected and one (1) lab confirmed Measles cases were reported in Camp 14. The outbreak response immunization (ORI) is scheduled to commence on March 14 and will continue for the following four days.

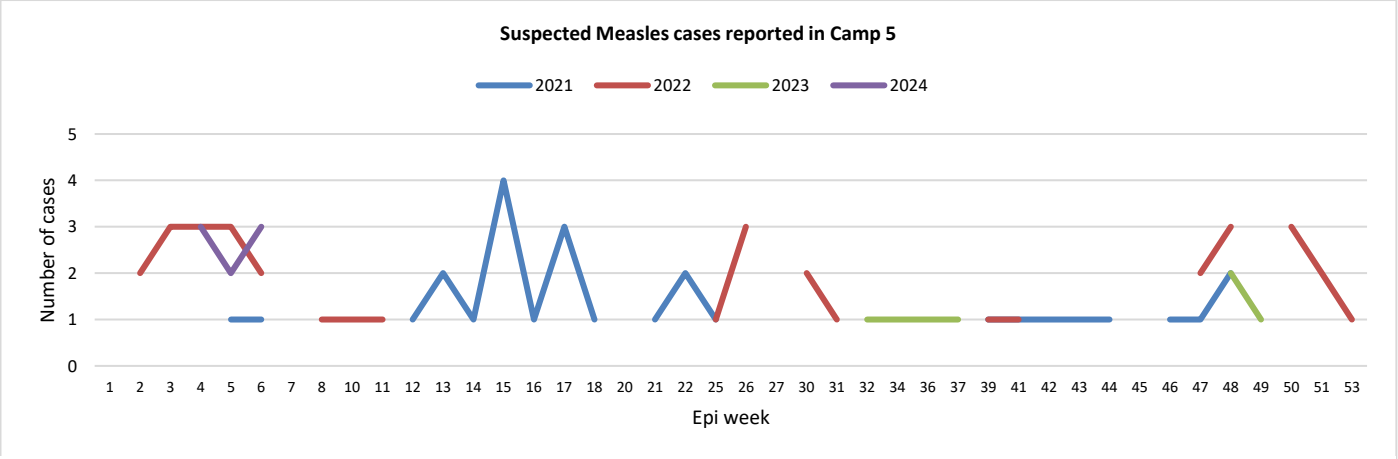


Figure 6:Trend of Measles Cases Reported in Camp 5

Health Sector Action

1. Coordination, Collaboration, and Strategic Guidance

More than 300 fire accidents have been documented in the Rohingya Refugee camps in Cox's Bazar in recent years. Some of these incidents resulted in fatalities, while others left thousands homeless. For instance, on March 5, 2023, a massive and destructive fire broke out through Camp 11, affecting nearly 16,000 refugees. Recently, at around 1:00 am on January 7, 2024, a large fire broke out in Rohingya refugee Camp 5. As a result of the fire, over 5,000 Rohingya refugees were forced to flee their homes, and a total of 842 shelters were affected, 33 communal facilities were damaged including health facilities, learning centres, mosques, and mobile firefighting unit hub.

In response to these incidents and in support to the Cox's Bazar District Civil Surgeon Office for the Healthcare Workers, WHO as Sector lead agency and IOM prepared and arranged "Training on Fire Safety and Clinical Care of Burns" by in three individual batches. This training program aims for healthcare workers on fire safety in health facilities, basic first aid in the event of a fire, and clinical care of burns is necessary to foster and building up the capacity of healthcare staff to conduct effective interventions and evaluate their effectiveness in terms of fire safety in health facilities and clinical expertise to manage patients with burns.

These sessions were attended by 120 healthcare providers from the camps. Medical professionals such as doctors, nurses, midwives, medical assistants, maternity supervisors, clinical coordinators, dentists, emergency physicians, facility focal and program managers, facility in charge, health managers, health specialists, hospital coordinators, laboratory technologists, nursing activity managers, project coordinators, technical field coordinators, and MHPSS counsellors were among the target participants.

A plastic surgeon from Cumilla Medical College & Hospital and the Cox's Bazar's Fire Safety and Civil Defence Department attended the course as facilitators and technical experts in managing burns and fires. The later, as seen in the demonstration in inserted photo.

2. Working Groups (WGs)

Sexual and Reproductive Health Working Group (SRH-WG)

Maternal and Child Health Card Piloting: The Piloting of the Maternal & Child Health Card (MCH card) was completed from 15 Jan - 15 Feb 2024 across the 14 selected facilities from 5 agencies- IOM (Friendship, RTMI, PHD), Friendship, UNHCR (GK, FH), UNICEF (RTMI, PHD), UNFPA (RTMI) in 13 camps . Around 500 cards have been piloted. The MCH card will serve to support the continuum of SRH care for mother and newborn during the Antenatal, Intranatal, and Postnatal Periods and avoid duplication of Sexual and Reproductive Health. The card will also help to improve the quality of care and standardize maternal and newborn services on the ground by supplementing the General Health Cards. The draft version of the card can be found in this link.

Figure 7: Piloting of the MCH Card

The Health Sector and WHO supported SRH WG with technical assistance throughout the whole process in drafting, GOB approval and monitoring of the piloting activity at Health facilities including FGD & KII. The learnings from the piloting were captured through conducting key informant interviews, focused group discussions, and client exit interviews in collaboration with CHW-WG and the Health Sector. The findings and scale-up planned will be shared with the Health Sector, SAG, and the government counterparts.

ERTS Workshop: To overcome the difficulties in transportation for emergency obstetric and newborn cases, UNFPA in collaboration with its implementing partner, RTMI developed the "Emergency Referral Transport Services, ERTS" a community-based referral intervention that operates 24/7 service to fulfil essential emergency obstetric and neonatal care referral requirements for Rohingya population, and the host community. A workshop was conducted on the Emergency Referral Transport Service (ERTS) on 18th February 2024 where 45 participants from 12 partners who are working in the Camps for maternal and newborn care besides UN/International agencies providing support their partners joined.

The objective of the Workshop to share the success story as well as the challenges faced by ERTS service, to find out the way to overcome the challenges, to make good coordination and collaboration with the stakeholders and to share the new dissemination materials among the stakeholders. ERTS has been instrumental in facilitating essential emergency obstetric and neonatal care referrals for both Rohingya refugees and the host community, bridging the gap from community to facility and facilitating inter-facility transfers seamlessly. The workshop brought the various contextual perspectives and understanding of the challenges and brought light on critical aspects of strengthening partnerships and collaboration for the referrals of emergency obstetric and newborn cases using ERTS.
It was recommended to have an orientation on ERTS during the SRHWG meeting for a clear understanding of ERTS guidelines and re-emphasize active coordination for the timely referrals of emergency obstetric/high-risk cases, thus strengthening facility deliveries.

Community Health Workers Working Group (CHW-WG)

Dengue Preparedness: While current dengue cases show a lower trend compared to last year, historical data indicates that cases typically peak around May. Therefore, the Health Sector closely monitors the situation. CHW-WG led by UNHCR is intensifying its community awareness program to sensitize residents on eliminating breeding sites and using mosquito nets, enhancing preparedness for potential outbreaks. Considering the escalating pattern of Dengue outbreaks in recent years, surpassing previous records, it is crucial to address the absence of larvicidal actions within the Rohingya response. This gap is attributed to the lack of national guidelines regarding the use of larvicides. If any approved guidelines on larvicides can be obtained and advocated for their local implementation, it could play a significant role in preventing the surge in Dengue cases.

Figure 8: Community sensitization for Dengue ongoing.

Mental Health and Psychosocial Support Working Group (MHPSS-WG)

A guideline on documenting MHPSS interventions on the General Health Card was developed by the co-chairs and shared with the MHPSS WG members. The guideline aims to ensure proper documentation of the MHPSS services provided to refugees.

UNHCR shared the experience of the workshop held by WHO on "Build Better Before" among MHPSS WG members highlighting the MHPSS response before, during, and after an emergency. The session was also focused on the gap and way forward based on the findings of the MHPSS emergency preparedness checklist.

Epidemiology, Case Management and IPC Working Group (Epi-WG)

Scabies Mass Drug Administration in Bhasan Char

The MDA initiative aimed to administer ivermectin tablets and permethrin 5% cream to all Rohingya refugees residing in Bhasan Char with WHO technical expertise and medicines. The implementation of the MDA campaign started at 22 of Jan and was finalized in 1st week of Feb 2024, the overall coverage reached 100% of the target population 30,794.

It is worth mentioning that a limited number of individuals declined the treatment, attributing their decision to misinformation regarding perceived links between scabies drugs and family planning. Efforts are underway to address and rectify such misconceptions through targeted communication strategies and community engagement.

3. Health Sector Partners Update

Health and Education for All (HAEFA)

HAEFA has initiated the provision of comprehensive diagnostic services, including lipid profile, for all non-communicable disease patients at their facility Pathology Laboratory in Balukhali Camp 9. This ground-breaking development marks a substantial leap forward in cardiovascular risk assessment, transitioning from non-lab-based methods to precise lab-based determinations. The availability of lipid profiles and other advanced diagnostic tools empowers to offer more accurate assessments of cardiovascular risk factors. This enhancement underscores

Figure 9: HAEFA technologist working in the lab.

the commitment to proactive and effective healthcare for NCD patients. HAEFA strives for excellence in ensuring the well-being of the Rohingya refugee community.

World Health Organization (WHO)

EWARS Host training: The Disease Surveillance Early Warning, Alert and Response System (EWARS) launching briefing was organized in the District Sadar Hospital and 8 Upazila Health Complexes of Cox's Bazar District in 13 batches for 15 consecutive days by the WHO Cox's Bazar Epidemiology and Surveillance team. The target groups for the training were medical personnel and reporting officers. A total of 758 participants (299 female and 459 male) from over 250 health units of Cox's Bazar attended the training. Training participants included Consultants, Medical Officers, Sub Assistant Community Medical Officers (SACMO), Nurses, Midwives, Family Welfare Visitors (FWV), Community Health Care Providers (CHCP), Statistician and Reporting Officers.

IPC ToT training: In February, WHO arranged a three-day Training of Trainers on Infection Prevention and Control (IPC) for focal persons from different NGOs/INGOs health facilities in the Rohingya camps in collaboration with the Civil Surgeon's Office, Cox's Bazar. The training, spanning six days, was divided into two batches, each consisting of 40 IPC Focal Persons (30 males and 10 females) from the mentioned health facilities. The first batch took place from 13th to 15th February 2024, while the final batch successfully concluded from 18th to 20th February 2024. This activity aimed towards capacity building in IPC as part of the emergency response plan in the camp areas, bolstering other initiatives for a more resilient health response in Cox's Bazar.

Figure 10: IPC Training

Lab and diagnostic support: For strengthening diagnostic capacity of health sector partners working in Rohingya camps, WHO provided installation support and hands on training on HbA1C machines at Turkish Field Hospital and 250-bed District Sadar Hospital, Cox's Bazar. In addition, WHO also provided biochemical reagent to Friendship CEmONC Hospital of Camp 8 East in continuing the regular testing activities.

4. Bhasan Char Health and Nutrition Sector (Led by UNHCR) update

Medical campaigns: The Bhasan Char Health Sector led by UNHCR organized two medical campaigns to target specific medical needs. There was a five-day camp for ENT consultations, which served 233 patients, and a five-day camp for dermatology consultations, which served 318 patients.

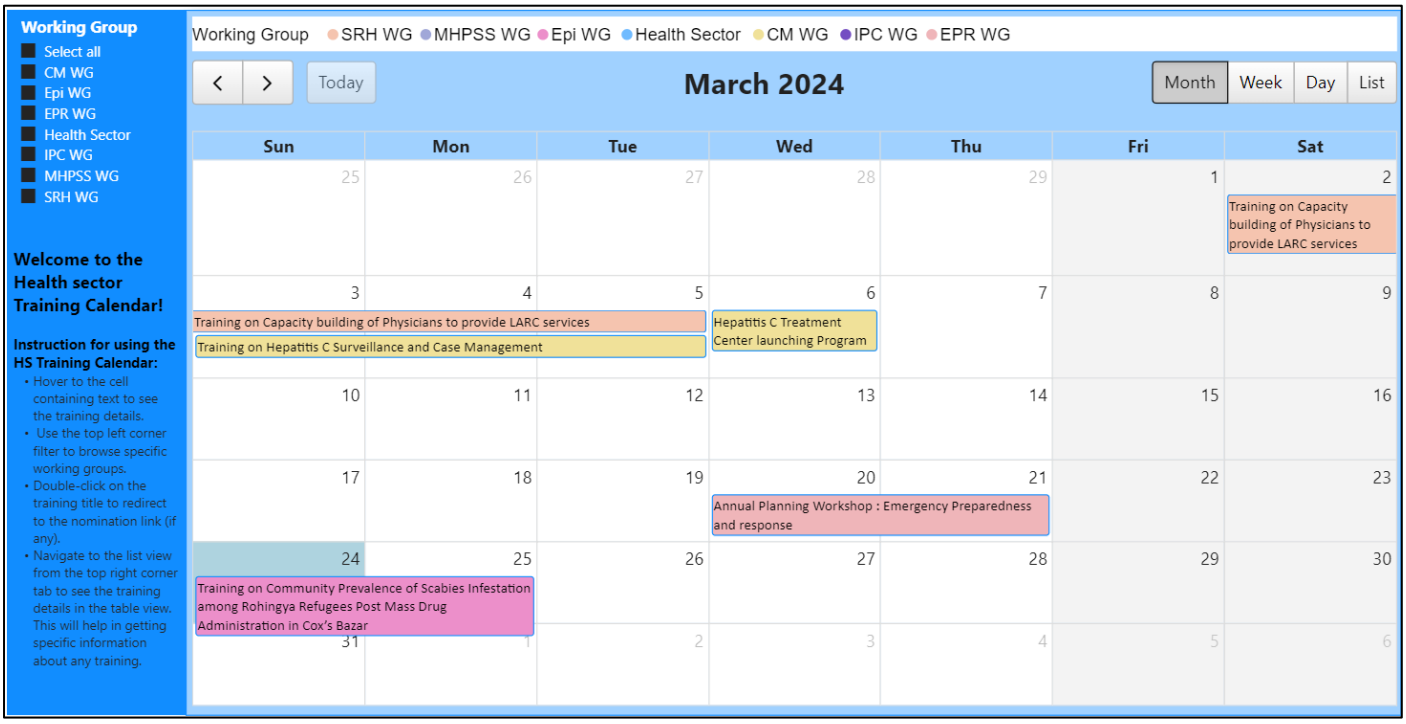
Routine Immunization: Routine immunizations continued for 688 children under two (0–23 months) (340 male and 348 female). Furthermore, 197 pregnant women were administered the Td vaccine, which protects against tetanus and diphtheria. Additionally, in March 2024, the Bhasan Char health care providers will receive VPD surveillance training from the Civil Surgeon Office with support from WHO.*Capacity Building for Volunteers:* To increase the capacity of volunteers, psychological first aid (PFA) training was organized for 37 protection staff and volunteers from BRAC, CODEC, COAST, MUKTI, PARC, CDD, and ICAB. The training's objectives included emphasizing the importance of doing no harm, offering both practical and emotional

Figure 11: PFA training for Volunteers in Bhasan Char

support that is in line with the needs of the refugees on Bhasan Char Island, and encouraging staff and volunteer self-care.

Strengthening of MHPSS services: A session on the myths and facts of suicide was held as part of the MHPSS services' efforts to prevent suicide and to strengthen services. There were twenty-one protection, education, and SMS volunteers present at the workshop. To raise awareness and ignite sustainable positive changes in the community regarding mental health and psychosocial issues, the completed IEC materials were also distributed to volunteers and staff at MHPSS and protection.

Upcoming Events / Training Calendar



(***LINK TO TRAINING CALENDAR)***

References:

1. Emergency response framework – 2nd ed. Geneva: World Health Organization; 2017. License: CC BY-NC-SA 3.0 IGO.
2. Joint Government of Bangladesh - UNHCR Population Factsheet as of Feb 2024. UNHCR Operational Data Portal (ODP).
3. https://healthcluster.who.int/publications/m/item/health-cluster-dashboard-q1-march-2023
4. Please visit the Health Sector Webpage available here to access the following: Health Sector HeRAMS, Health Sector 4W, Health Sector Training Planner, and Sector strategic documents
5. Health Service Performance Indicators Data Source: Health Sector Monthly 4W report and, HeRAMS (Data Extracted on 20 February 2024)

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